

Semi-Annual Statement of No Activity

Type or print in ink.

STATEMENT OF NO ACTIVITY

For use by recipient committees, except controlled committees, that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. Committees controlled by an officeholder or candidate may not use this form.

NOTE: If the committee had, at any time during the year, any outstanding loans made or received, this form may not be used for the semi-annual statement on which the "Annual Report of Outstanding Loans" must be completed.

<p>Date Stamp</p> <p>RECEIVED</p> <p>NOV 01 PM 1:14</p> <p>STATE OF CALIFORNIA</p> <p>OFFICE OF THE CLERK</p>	<p>CALIFORNIA 425</p> <p>OFFICIAL USE ONLY</p>
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I Recipient Committee Information

NAME OF COMMITTEE	I.D. NUMBER
CITIZEN'S WATCH COMMITTEE	930305
ADDRESS OF COMMITTEE (NO. AND STREET)	
823 Sylvia Dr.	
CITY	STATE ZIP CODE
Lodi	CA 95240
AREA CODE/PHONE NUMBER	
209 334-9496 or 368-4802	

NAME OF TREASURER
Cheryl L. Reinke
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
823 Sylvia Dr.
CITY
STATE ZIP CODE
CA 95240
AREA CODE/DAYTIME PHONE NUMBER
209 334-9496 or 368-4802

II Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:
Check one of the following boxes and complete the year.

☒ January 1, through June 30, 1996 ☐ July 1, through December 31, 19____

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 30 July 96 At Lodi, Ca
DATE CITY AND STATE

By Cheryl L. Reinke
SIGNATURE OF TREASURER